## Case 16-37219 Doc 1 Filed 11/22/16 Entered 11/22/16 17:39:18 Desc Main Document Page 1 of 55

| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ☐ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ■ Chapter 13                  | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1:  | Identify Yourself   |   |   |
|-----|---|---|---|---|
|     |   |   | About Debtor 1:                                   | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | You   | r full name   |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's |   | Forrest First name                                | First name                                    |
|     | license or passport).   | Middle name   | Middle name                                       |   |
|     | iden  | g your picture<br>tification to your<br>ting with the trustee.                                      | Faulkner Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  |   | other names you have<br>d in the last 8 years   |   |   |
|     |   | ide your married or<br>den names.   |   |   |
| 3.  | you<br>num<br>Indi  | y the last 4 digits of<br>Social Security<br>Der or federal<br>Vidual Taxpayer<br>tification number | xxx-xx-3739                                       |   |
|     |   |   |   |   |

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Debtor 1 Forrest J Faulkner

Case number (if known)

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|--|---|---|--|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |
|  | Include trade names and doing business as names | Business name(s)  | Business name(s)   |  |  |  |
|  |   | EINs  | EINS   |  |  |  |
| 5.   | Where you live                                  |   | If Debtor 2 lives at a different address:  |  |  |  |
|  |   | 7732 S Phillips St. Basement<br>Chicago, IL 60649   |  |  |  |  |
|  |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |  |
|  |   | County County   | County   |  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6.   | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |  |
|  | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |  |  |
|  |   |   |  |  |  |  |

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Case number (if known) Debtor 1 Forrest J Faulkner

| 7.         | The chapter of the<br>Bankruptcy Code you are<br>choosing to file under   |  |                              | rief description of each, see Notice Require  | ed by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy   |  |  |  |
|------------|---|--|------------------------------|---|--|--|--|--|
|            | choosing to file under  | Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                              |   |  |  |  |  |
|            |   | ☐ Cha  | apter 7                      |   |  |  |  |  |
|            |   | ☐ Cha  | apter 11                     |   |  |  |  |  |
|            |   | ☐ Cha  | apter 12                     |   |  |  |  |  |
|            |   | ■ Cha  | apter 13                     |   |  |  |  |  |
| 3.         | How you will pay the fee  | _<br>a   | bout how yo                  | u may pay. Typically, if you are paying the attorney is submitting your payment on you      | e check with the clerk's office in your local court for more details<br>fee yourself, you may pay with cash, cashier's check, or money<br>ur behalf, your attorney may pay with a credit card or check with  |  |  |  |
|            |   |  |                              | the fee in installments. If you choose this in Installments (Official Form 103A).           | s option, sign and attach the Application for Individuals to Pay   |  |  |  |
|            |   | _ b  | out is not requipplies to yo | uired to, waive your fee, and may do so onl<br>or family size and you are unable to pay the | s option only if you are filing for Chapter 7. By law, a judge may, ly if your income is less than 150% of the official poverty line that a fee in installments). If you choose this option, you must fill out of (Official Form 103B) and file it with your petition. |  |  |  |
| <b>)</b> . | Have you filed for bankruptcy within the last 8 years?  | ■ No.  |                              |   |  |  |  |  |
|            | •   |  | District                     | When  | Case number  |  |  |  |
|            |   |  | District                     | When  | Case number  |  |  |  |
|            |   |  | District                     | When  | Case number  |  |  |  |
|            | Are any bankmintor  |  |                              |   |  |  |  |  |
| 10.        | Are any bankruptcy cases pending or being   | ■ No   |                              |   |  |  |  |  |
|            | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes.   |                              |   |  |  |  |  |
|            |   |  | Debtor                       |   | Relationship to you  |  |  |  |
|            |   |  | District                     | When  | Case number, if known  |  |  |  |
|            |   |  | Debtor                       |   | Relationship to you  |  |  |  |
|            |   |  | District                     | When  | Case number, if known  |  |  |  |
| 11.        | Do you rent your  | □ No.  | Go to I                      | ne 12.  |  |  |  |  |
|            | residence?  | Yes.   | Has yo                       | ur landlord obtained an eviction judgment a   | against you and do you want to stay in your residence?   |  |  |  |
|            |   | . 00.  |                              | No. Go to line 12.  |  |  |  |  |
|            |   |  | _                            | Yes. Fill out <i>Initial Statement About an Evi</i> bankruptcy petition.                    | iction Judgment Against You (Form 101A) and file it with this  |  |  |  |

Debtor 1 Forrest J Faulkner Document Page 4 of 55

Case number (if known)

| Part | Report About Any Bu   | sinesses `             | You Own  | as a Sole Propriet   | tor   |  |
|------|---|------------------------|--|--|---|--|
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.                  | Go to  | Part 4.  |   |  |
|      |   | ☐ Yes.                 | Name   | and location of bus  | iness   |  |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name   | e of business, if any  |   |  |
|      | If you have more than one sole proprietorship, use a separate sheet and attach  |                        | Numb   | er, Street, City, Stat   | e & ZIP Code  |  |
|      | it to this petition.  |                        | Checi  | k the appropriate bo   | x to describe your business:  |  |
|      |   |                        |  | Health Care Busin  | ness (as defined in 11 U.S.C. § 101(27A))   |  |
|      |   |                        |  | Single Asset Real  | Estate (as defined in 11 U.S.C. § 101(51B))   |  |
|      |   |                        |  | Stockbroker (as d  | efined in 11 U.S.C. § 101(53A))   |  |
|      |   |                        |  | Commodity Broke  | r (as defined in 11 U.S.C. § 101(6))  |  |
|      |   |                        |  | None of the above  |   |  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines<br>operation | ou are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriated lines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement or rations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedu 1 U.S.C. 1116(1)(B). |  |   |  |
|      | For a definition of small   | No.                    | I am r   | not filing under Chap  | ster 11.  |  |
|      | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                  |  | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |   |  |
|      |   | ☐ Yes.                 | I am f   | iling under Chapter  | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |
| Part | Report if You Own or  | Have Any               | Hazardo  | ous Property or An   | y Property That Needs Immediate Attention   |  |
| 14.  | Do you own or have any  | ■ No.                  |  |  |   |  |
|      | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to  | ☐ Yes.                 | What is  | the hazard?  |   |  |
|      | public health or safety?<br>Or do you own any   |                        | If immed   | liate attention is   |   |  |
|      | property that needs immediate attention?  |                        |  | why is it needed?  |   |  |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                        | Where is   | s the property?  |   |  |
|      |   |                        |  |  | Number, Street, City, State & Zip Code  |  |

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Debtor 1 Forrest J Faulkner

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 55 Case number (if known) Debtor 1 Forrest J Faulkner Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Forrest J Faulkner Signature of Debtor 2 Forrest J Faulkner Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on November 22, 2016

MM / DD / YYYY

Debtor 1 Forrest J Faulkner Document Page 7 of 55 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Ross H. Briggs MBE                                | Date          | November 22, 2016      |
|---|---------------|------------------------|
| Signature of Attorney for Debtor                      |               | MM / DD / YYYY         |
| Ross H. Briggs MBE                                    |               |                        |
| Ross H Briggs, Attorney At Law                        |               |                        |
| 1525 East 53rd Street, suite 423<br>Chicago, IL 60615 |               |                        |
| Number, Street, City, State & ZIP Code                |               |                        |
| Contact phone <b>773-220-7007</b>                     | Email address | r-briggs@sbcglobal.net |
| #31633 #2709  |               |                        |
| Bar number & State                                    |               |                        |

|                          | Docume            | ent Page 8 of 5                                | 5  |  |
|--------------------------|-------------------|--|--|--|
| rmation to identify your | case:             |  |  |  |
| Forrest J Faulkne        | er                |  |  |  |
| First Name               | Middle Name       | Last Name                                      |  |  |
|                          |                   |  |  |  |
| First Name               | Middle Name       | Last Name                                      |  |  |
| ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS                                    |  |  |
|                          |                   |  |  | Charlett this is an  |
|                          |                   |  |  | ☐ Check if this is an amended filing                               |
|                          | First Name        | First Name Middle Name  First Name Middle Name | First Name Middle Name Last Name  First Name Middle Name Last Name | First Name Middle Name Last Name  First Name Middle Name Last Name |

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your as      | ssets<br>f what you own       |
|-----|--|--------------|-------------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$           | 0.00                          |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 1,355.00                      |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 1,355.00                      |
| Pai | t 2: Summarize Your Liabilities  |              |                               |
|     |  |              | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 0.00                          |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$           | 5,090.00                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 24,520.36                     |
|     | Your total liabilities   | \$           | 29,610.36                     |
| Pai | t 3: Summarize Your Income and Expenses  |              |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 1,090.00                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 969.00                        |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records   |              |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sch | nedules.                      |
|     | ■ Yes What kind of debt do you have?   |              |                               |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

690.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total cl | aim      |
|--|----------|----------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$       | 5,090.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$       | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$       | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$       | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$       | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$      | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$       | 5,090.00 |

| Ou                                | 00 10 01210                 | Documei<br>Documei                         | nt Page 10 of 55  | .10 Description  |
|-----------------------------------|-----------------------------|--|---|--|
| Fill in this inform               | nation to identify your     |  |   |  |
| Debtor 1                          | Forrest J Faulkn            | er   |   |  |
| <b>D</b> . 1. 0                   | First Name                  | Middle Name                                | Last Name   |  |
| Debtor 2<br>(Spouse, if filing)   | First Name                  | Middle Name                                | Last Name   |  |
| United States Bar                 | nkruptcy Court for the:     | NORTHERN DISTRICT O                        | PF ILLINOIS   |  |
|                                   |                             |  |   |  |
| Case number _                     |                             |  |   | ☐ Check if this is an amended filing                         |
|                                   |                             |  |   | -  |
| Official Fo                       | rm 106A/B                   |  |   |  |
|                                   | e A/B: Prop                 | nertv                                      |   | 12/15  |
|                                   | -                           |  | ice. If an asset fits in more than one category, li   |  |
| hink it fits best. Be             | as complete and accura      | ate as possible. If two married            | people are filing together, both are equally resplayed.  On the top of any additional pages, write your | ponsible for supplying correct                               |
| Answer every quest                |                             | a coparato chect to this form              | . On the top of any additional pages, while your  | namo ana oaso nambor (ir known).                             |
| Part 1: Describe I                | Each Residence, Buildin     | g, Land, or Other Real Estate              | You Own or Have an Interest In  |  |
| . Do you own or h                 | ave any legal or equitabl   | e interest in any residence, bu            | uilding, land, or similar property?   |  |
| _                                 |                             | •  |   |  |
| ■ No. Go to Part  ☐ Yes. Where is |                             |  |   |  |
| Tes. Where is                     | tile property?              |  |   |  |
| Part 2: Describe                  | Your Vehicles               |  |   |  |
|                                   |                             |  | icles, whether they are registered or not? le G: Executory Contracts and Unexpired Lea                  |  |
| 3. Cars, vans, tru                | ıcks, tractors, sport u     | tility vehicles, motorcycles               | s   |  |
| ■ No                              |                             |  |   |  |
| ■ No                              |                             |  |   |  |
| <b>-</b> 100                      |                             |  |   |  |
|                                   |                             |  | al vehicles, other vehicles, and accessorie   | s  |
| Examples: Boat                    | s, trailers, motors, pers   | onal watercraft, fishing vess              | sels, snowmobiles, motorcycle accessories   |  |
| ■ No                              |                             |  |   |  |
| ☐ Yes                             |                             |  |   |  |
|                                   |                             |  |   |  |
| 5 Add the dollar                  | r value of the portion      | you own for all of your en                 | tries from Part 2, including any entries for  |  |
|                                   |                             |  | and and an art 2, moleculing any entires for  |  |
|                                   |                             |  |   |  |
|                                   | Your Personal and Hous      | ehold Items<br>able interest in any of the | following items?  | Current value of the   |
| 20 ,000 01111 01 11               | aro any logal of oqui       | and morest in any or the                   | .o.o.iiig ioiiio  | portion you own? Do not deduct secured claims or exemptions. |
|                                   | ods and furnishings         | e, linens, china, kitchenware              |   |  |
| □ No                              | joi applialioos, latilitule | ,ono, omna, kitononware                    |   |  |
| Yes. Descr                        | ibe                         |  |   |  |
|                                   | Furniture                   |  |   | \$1,000.00   |
|                                   | , annual                    |  |   | <u> </u>   |

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Yes. Describe.....

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Case number (if known) Document Debtor 1 Forrest J Faulkner \$200.00 Electronics 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$150.00 Clothing Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1.350.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the

portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

□ No

Cash

\$5.00

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17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ■ No ☐ Yes..... Institution name: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own?

Official Form 106A/B Schedule A/B: Property page 3

Debtor 1

Do not deduct secured claims or exemptions.

| Debtor 1         | Forrest J Faulkner                     | Document  | Page 13 of 55  Case number (if known)                |                            |
|------------------|--|---|--|----------------------------|
|                  | refunds owed to you                    |   |  |                            |
| ■ No             |  | it them, including whether you alr                                    | eady filed the returns and the tax years             |                            |
| □ 16             | s. Give specific information abou      | at them, including whether you alle                                   | eady filed the returns and the tax years             |                            |
|                  | ily support                            |   |  |                            |
| Exa<br>■ No      | •                                      | mony, spousal support, child supp                                     | ort, maintenance, divorce settlement, property       | y settlement               |
|                  | s. Give specific information           |   |  |                            |
| 30. <b>Oth</b> e | er amounts someone owes you            | 1   |  |                            |
|                  | mples: Unpaid wages, disability        |   | nefits, sick pay, vacation pay, workers' compe       | ensation, Social Security  |
| ■ No             |  |   |  |                            |
| ⊔ Ye             | s. Give specific information           |   |  |                            |
| Exa              | •                                      | nsurance; health savings account                                      | (HSA); credit, homeowner's, or renter's insura       | nce                        |
| ■ No             |  | of each policy and list its value.                                    |  |                            |
|                  |  | ny name:  | Beneficiary:   | Surrender or refund value: |
|                  |  | you from someone who has di   | ed nsurance policy, or are currently entitled to rec | poivo proporty bossuso     |
|                  | eone has died.                         | rust, expect proceeds from a life ii                                  | isdiance policy, or are currently entitled to rec    | serve property because     |
| ■ No             | s. Give specific information           |   |  |                            |
| <b>□</b> 16      | s. Give specific information           |   |  |                            |
|                  |  | ner or not you have filed a lawsulisputes, insurance claims, or right | it or made a demand for payment                      |                            |
| ■ No             |  | iopates, insurante siaims, or right                                   |  |                            |
| ☐ Ye             | s. Describe each claim                 |   |  |                            |
|                  | _                                      | claims of every nature, including                                     | ng counterclaims of the debtor and rights t          | o set off claims           |
| ■ No<br>□ Ye     | s. Describe each claim                 |   |  |                            |
|                  | financial assets you did not al        | ready list  |  |                            |
| □ No<br>■ Ye     | s. Give specific information           |   |  |                            |
|                  |  |   |  |                            |
|                  |  | claim filed in January 201  | inst Chicago Transit Authority,<br>5                 | Unknown                    |
|                  |  | •   |  |                            |
|                  |  |   | my entries for pages you have attached               | ¢5.00                      |
| for              | Part 4. Write that number here         | <b>)</b>  |  | \$5.00                     |
| Part 5:          | Describe Any Business-Related Pr       | operty You Own or Have an Interest                                    | In. List any real estate in Part 1.                  |                            |
| 37. <b>Do yo</b> | u own or have any legal or equital     | ole interest in any business-related p                                | property?  |                            |
|                  | Go to Part 6.                          |   |  |                            |
| ⊔ Yes            | . Go to line 38.                       |   |  |                            |
|                  |  | ial Fishing-Related Property You Ow                                   | n or Have an Interest In.                            |                            |
|                  | If you own or have an interest in farm | iiand, list it in Part 1.   |  |                            |
| 46. <b>Do</b> y  | ou own or have any legal or e          | quitable interest in any farm- or                                     | commercial fishing-related property?                 |                            |

No. Go to Part 7.

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Case number (if known) Document Debtor 1 Forrest J Faulkner ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$0.00 Part 3: Total personal and household items, line 15 \$1,350.00 Part 4: Total financial assets, line 36 58. \$5.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$1,355.00 Copy personal property total \$1,355.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$1,355.00

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Desc Main

Official Form 106A/B Schedule A/B: Property page 5

Case 16-37219

Doc 1

Filed 11/22/16

|   |                         | I A A A I I I I I I |             | . /            |        |
|---|-------------------------|---------------------|-------------|----------------|--------|
| Fill in this infor                      | mation to identify your | case:               |             |                |        |
| Debtor 1                                | Forrest J Faulkne       | er                  |             |                |        |
|   | First Name              | Middle Name         | Last Name   |                |        |
| Debtor 2                                |                         |                     |             |                |        |
| (Spouse if, filing)                     | First Name              | Middle Name         | Last Name   |                |        |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT   | OF ILLINOIS |                |        |
| Case number                             |                         |                     |             |                |        |
| (if known)                              |                         |                     |             | ☐ Check if the | nis is |
|   |                         |                     |             | amended        | filing |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the I | Property | You | Claim a | s Exemp | ıt |
|---------|----------|-------|----------|-----|---------|---------|----|
|---------|----------|-------|----------|-----|---------|---------|----|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the<br>portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |
|--|---|-----------------------------------|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B     | Che                               | ck only one box for each exemption.                             |                                    |
| Furniture Line from Schedule A/B: 6.1  | \$1,000.00                              |                                   | 735 ILCS 5/12-1001(b)   |                                    |
| Elle Holli ochedale PAB. G.1   |   |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Electronics Line from Schedule A/B: 7.1  | \$200.00                                |                                   | \$200.00  | 735 ILCS 5/12-1001(b)              |
| Elle Holli Schedule PAB. 1.1   |   |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Clothing Line from Schedule A/B: 11.1  | \$150.00                                |                                   | \$150.00  | 735 ILCS 5/12-1001(a)              |
| Elle Holli Genedale PAB.   |   |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Cash Line from Schedule A/B: 16.1  | \$5.00                                  |                                   | \$5.00  | 735 ILCS 5/12-1001(b)              |
| Elle Holli Schedule PAB. 10.1  |   |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Personal Injury Claim against  | Unknown                                 |                                   |   | 735 ILCS 5/12-1001(h)(4)           |
| Chicago Transit Authority, claim filed in January 2015 Line from Schedule A/B: 35.1    | u                                       |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |

Case 16-37219 Filed 11/22/16 Desc Main Doc 1 Entered 11/22/16 17:39:18 Document Page 16 of 55 Debtor 1 Forrest J Faulkner Case number (if known) 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? 

No

Yes

| Fill in this infor  |                          |                   |             |           |
|---------------------|--------------------------|-------------------|-------------|-----------|
| Debtor 1            | Forrest J Faulkne        | er                |             |           |
|                     | First Name               | Middle Name       | Last Name   |           |
| Debtor 2            |                          |                   |             |           |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |           |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |           |
| Case number         |                          |                   |             |           |
| (if known)          |                          |                   |             | ☐ Check i |
|                     |                          |                   |             | amende    |

### Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

|   |   | Document  | Page                         | 18 of         | 55                       |   |                    |
|---|---|---|------------------------------|---------------|--------------------------|---|--------------------|
| Fill in this info                                     | rmation to identify your case   | :   |                              |               |                          |   |                    |
| Debtor 1  | Forrest J Faulkner  |   |                              |               |                          |   |                    |
|   | First Name  | Middle Name   | Last Nam                     | е             |                          |   |                    |
| Debtor 2  | First Name  | Modella Niana   | Last Nass                    |               |                          |   |                    |
| (Spouse if, filing)                                   | First Name  | Middle Name   | Last Nam                     | e             |                          |   |                    |
| United States B                                       | ankruptcy Court for the: NC   | ORTHERN DISTRICT OF IL  | LINOIS                       |               |                          |   |                    |
| Case number   |   |   |                              |               |                          |   |                    |
| (if known)  |   |   |                              |               |                          | ☐ Check                                 | if this is an      |
|   |   |   |                              |               |                          | amend                                   | ed filing          |
| Official For  | m 106E/E  |   |                              |               |                          |   |                    |
| Official For  |   | Hava Haaaaurad  | Claim                        | _             |                          |   | 40/4E              |
|   | E/F: Creditors Who  |   |                              |               |                          |   | 12/15              |
| eft. Attach the Co<br>ame and case no<br>Part 1: List | itors Who Have Claims Secured ontinuation Page to this page. If y umber (if known).  All of Your PRIORITY Unsecutors have priority unsecured claims.          | you have no information to re<br>ured Claims                          |                              |               |                          |   |                    |
| ☐ No. Go to   | Part 2.   |   |                              |               |                          |   |                    |
| Yes.  |   |   |                              |               |                          |   |                    |
| identify what t<br>possible, list t                   | ur priority unsecured claims. If a<br>type of claim it is. If a claim has bot<br>he claims in alphabetical order acc<br>e than one creditor holds a particula | h priority and nonpriority amoun<br>ording to the creditor's name. If | nts, list that of you have n | claim here a  | and show both priority a | and nonpriority amount                  | s. As much as      |
| (For an expla   | nation of each type of claim, see th  | e instructions for this form in the                                   | e instruction                | booklet.)     |                          |   |                    |
|   |   |   |                              |               | Total claim              | Priority amount                         | Nonpriority amount |
| 2.1 II Dept   | Of Healthcare   | Last 4 digits of accou  | ınt number                   | 5000          | \$5,090.00               | \$5,090.00                              | \$0.00             |
| Priority C  | Creditor's Name   | <del></del>   |                              | _             |                          | - · · · · · · · · · · · · · · · · · · · |                    |
| 509 S   | 6th St  | When was the debt in  | curred?                      | •             | d 01/13 Last<br>9/01/15  |   |                    |
| <u> </u>  | field, IL 62701   | <u> </u>  |                              |               |                          | -                                       |                    |
|   | Street City State Zlp Code ed the debt? Check one.  | As of the date you file   | e, the claim                 | is: Check     | all that apply           |   |                    |
| _   |   | ☐ Contingent  |                              |               |                          |   |                    |
| Debtor 1  | ,   | ☐ Unliquidated  |                              |               |                          |   |                    |
| Debtor 2  | only  | ☐ Disputed  |                              |               |                          |   |                    |
| Debtor 1  | and Debtor 2 only   | Type of PRIORITY un   | secured cla                  | aim:          |                          |   |                    |
| ☐ At least of   | one of the debtors and another  | Domestic support of   | bligations                   |               |                          |   |                    |
| ☐ Check if  | this claim is for a community d   |   |                              |               | •                        |   |                    |
| Is the claim  | subject to offset?  | Claims for death or   | personal in                  | jury while yo | ou were intoxicated      |   |                    |
| ■ No  |   | Other. Specify  |                              |               |                          |   |                    |
| ☐ Yes   |   | Fa  | amily Su                     | pport         |                          |   |                    |

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Debtor 1 Forrest J Faulkner Case number (if know) 2.2 \$0.00 \$0.00 Laryn Frye Last 4 digits of account number 3739 \$0.00 Priority Creditor's Name c/o Illinois Child Support When was the debt incurred? 2016 509 S 6th Street Springfield, IL 62701 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another Domestic support obligations ☐ Check if this claim is for a community debt ☐ Taxes and certain other debts you owe the government Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No Other. Specify ☐ Yes Current, ongoing child support 2.3 \$0.00 Latoya Holden \$0.00 \$0.00 Last 4 digits of account number 3739 Priority Creditor's Name c/o Illinois Child Support When was the debt incurred? 2016 509 S 6th Street Springfield, IL 62701 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another Domestic support obligations ☐ Check if this claim is for a community debt ☐ Taxes and certain other debts you owe the government Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No ☐ Other. Specify ☐ Yes **Current ongoing child support** Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? □ No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

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Case number (if know)

| DCDIO | Follest J Faulkliel   |  |  |            |
|-------|---|--|--|------------|
| 4.1   | Aargon Agency   | Last 4 digits of account number                              | 1691   | \$2,448.00 |
|       | Nonpriority Creditor's Name<br>8668 Spring Mountain Rd<br>Las Vegas, NV 89117 | When was the debt incurred?                                  | Opened 07/16                                 |            |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.           | As of the date you file, the claim                           | s: Check all that apply                      |            |
|       | ■ Debtor 1 only   | ☐ Contingent   |  |            |
|       | Debtor 2 only   | ☐ Unliquidated   |  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | □ Disputed   |  |            |
|       | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|       | ☐ Check if this claim is for a community                                      | ☐ Student loans  |  |            |
|       | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |            |
|       | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|       | ☐ Yes   |  | Attorney Com Ed -<br>ealth Edison            |            |
| 4.2   | Aaron's Furniture   | Last 4 digits of account number                              | 3739   | \$1,500.00 |
|       | Nonpriority Creditor's Name  122 S. Bolingbrook Rd.                           | When was the debt incurred?                                  | 2011   |            |
|       | Bolingbrook, IL 60440  Number Street City State Zlp Code                      | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|       | Who incurred the debt? Check one.   | •  |  |            |
|       | Debtor 1 only   | ☐ Contingent   |  |            |
|       | Debtor 2 only   | ☐ Unliquidated   |  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|       | $\square$ At least one of the debtors and another                             | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|       | $\square$ Check if this claim is for a community                              | ☐ Student loans  |  |            |
|       | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|       | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|       | □Yes  | Other. Specify furniture                                     |  |            |
| 4.3   | Certgery  | Last 4 digits of account number                              | 3739   | \$0.00     |
|       | Nonpriority Creditor's Name PO Box 30046                                      | When was the debt incurred?                                  | 2015   |            |
|       | Tampa, FL 33630  Number Street City State Zlp Code                            | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|       | Who incurred the debt? Check one.   |  |  |            |
|       | Debtor 1 only   | ☐ Contingent   |  |            |
|       | Debtor 2 only   | ☐ Unliquidated   |  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|       | $\square$ At least one of the debtors and another                             | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|       | ☐ Check if this claim is for a community                                      | Student loans  |  |            |
|       | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|       | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|       | ☐ Yes   | Other. Specify Notice Only                                   | 1  |            |

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Debtor 1 Forrest J Faulkner Case number (if know) 4.4 \$0.00 **Chase Bank** Last 4 digits of account number 3739 Nonpriority Creditor's Name 1200 N. Dearborn When was the debt incurred? Chicago, IL 60610 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Bank Fees Other. Specify 4.5 **Chex System** Last 4 digits of account number 3739 \$0.00 Nonpriority Creditor's Name 7805 Hudson Rd. Ste 100 When was the debt incurred? 2016 Saint Paul, MN 55125 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Notice Only** Other, Specify 4.6 City of Chicago Last 4 digits of account number 105F \$9,786.36 Nonpriority Creditor's Name **Department of Finance** When was the debt incurred? 2005-2011 P.O. Box 88292 Chicago, IL 60680-1292 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Parking Tickets ☐ Yes

Document Page 22 of 55 Debtor 1 Forrest J Faulkner Case number (if know) 4.7 \$0.00 Comcast Last 4 digits of account number 3739 Nonpriority Creditor's Name PO Box 3005 When was the debt incurred? 2015 Bankruptcy/Legal Department Southeastern, PA 19398 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Notice Only ☐ Yes ComEd 4.8 Last 4 digits of account number 3739 \$0.00 Nonpriority Creditor's Name 3 Lincoln Center When was the debt incurred? 2015 Attn: Bcky Group Claims Dept Villa Park, IL 60181 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Notice Only** Other. Specify 4.9 **Darnel Quick Recovery** Last 4 digits of account number 9503 \$61.00 Nonpriority Creditor's Name 4134 Highway 278 Ne When was the debt incurred? P O Box 2416 Covington, GA 30014 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No

☐ Yes

Is the claim subject to offset?

report as priority claims

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify 10 Rockdale Co Water Sewerage

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Document Page 23 of 55 Debtor 1 Forrest J Faulkner Case number (if know) 4.1 Global Receivables Sol \$686.00 7986 Last 4 digits of account number 0 Nonpriority Creditor's Name 2703 N Highway 75 When was the debt incurred? **Opened 07/16** Sherman, TX 75090 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Collection Attorney Crandon Emergency ☐ Yes Other. Specify Physicians MCSI -Municipal Collection 4 1 6114 \$250.00 Services, Inc Last 4 digits of account number Nonpriority Creditor's Name 7330 College Dr When was the debt incurred? Suite 108 Palo Heights, IL 60463 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify 01 Village Of South Holland ☐ Yes 4.1 6701 \$306.00 **North American Credit Services** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Po Box 182221 Chattanooga, TN 37422 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No ☐ Yes  $\square$  Debts to pension or profit-sharing plans, and other similar debts

■ Other, Specify Rockdale Med Cntr Er Physici

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Page 24\_of 55 Document Debtor 1 Forrest J Faulkner Case number (if know) 4.1 \$1,200.00 **Peoples Gas** 3254 Last 4 digits of account number 3 Nonpriority Creditor's Name 200 E Randolph St Opened 9/19/13 Last Active 20th Floor When was the debt incurred? 10/18/13 Chicago, IL 60601 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Agriculture 4.1 **PLS Financial Services** 3739 \$500.00 Last 4 digits of account number Nonpriority Creditor's Name One South Wacker 36th Floor 2011 When was the debt incurred? Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts Other. Specify payday loan ☐ Yes 4.1 Sprint \$200.00 5 Last 4 digits of account number Nonpriority Creditor's Name PO Box 660075 When was the debt incurred? 2012 Dallas, TX 75266 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed

Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify telephone ☐ Yes

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Debtor 1 Forrest J Faulkner Case number (if know) 4.1 Stellar Recovery Inc 6637 \$424.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? **Opened 05/16** 4500 Salisbury Road Ste 105 Jackonville, FL 32216 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Collection Attorney Comcast 4.1 T-Mobile \$200.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 3780 2014 When was the debt incurred? Albuquerque, NM 87176 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify telephone 4.1 Telecheck 3739 \$0.00 8 Last 4 digits of account number Nonpriority Creditor's Name 5251 Westheimer When was the debt incurred? 2016 Houston, TX 77056 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Notice Only ☐ Yes

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Debtor 1 Forrest J Faulkner

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Case number (if know)

| Union Auto   | Last 4 digits of account number                             | 892  | \$6,959.0 |
|--|---|--|-----------|
| Nonpriority Creditor's Name<br>8700 S. Chicago Av<br>Chicago, IL 60617 | When was the debt incurred?                                 | Opened 1/02/10 Last Active 8/27/10           |           |
| Number Street City State Zlp Code                                      | As of the date you file, the claim i                        | s: Check all that apply                      |           |
| Who incurred the debt? Check one.                                      |   |  |           |
| Debtor 1 only  | ☐ Contingent  |  |           |
| Debtor 2 only  | ☐ Unliquidated  |  |           |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |           |
| At least one of the debtors and another                                | Type of NONPRIORITY unsecured                               | I claim:                                     |           |
| ☐ Check if this claim is for a community                               | ☐ Student loans   |  |           |
| debt<br>Is the claim subject to offset?                                | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |           |
| No   | Debts to pension or profit-sharin                           | g plans, and other similar debts             |           |
| ☐ Yes  | Other. Specify     Automobile                               | •  |           |

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     | Т  | otal Claim |
|-----------------------|-----|---|-----|----|------------|
|                       | 6a. | Domestic support obligations  | 6a. | \$ | 5,090.00   |
| Total                 |     |   |     |    |            |
| claims<br>from Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00       |
|                       | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00       |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00       |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 5,090.00   |
|                       |     |   |     | Т  | otal Claim |
|                       | 6f. | Student loans   | 6f. | \$ | 0.00       |
| Total claims          |     |   |     |    |            |
| from Part 2           | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00       |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00       |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 24,520.36  |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 24,520.36  |

|                     |                          | 17/7/11/11/       | 3 H         |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor  | mation to identify your  | case:             |             |  |
| Debtor 1            | Forrest J Faulkne        | er                |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 James Woodfork
7732 Phillips St
Chicago, IL 60604-9000

State what the contract or lease is for

Debtor pays his uncle, James Woodfork, rent of \$500 per month on a month to month basis.

|                                |  | Docume                        | ent Page 28 d           | )T 55                                   |   |
|--------------------------------|--|-------------------------------|-------------------------|---|---|
| Fill in this                   | information to identify your   |                               |                         |   |   |
| Debtor 1                       | Forrest J Faulkne  | er                            |                         |   |   |
|                                | First Name   | Middle Name                   | Last Name               |   |   |
| Debtor 2<br>(Spouse if, filing | g) First Name  | Middle Name                   | Last Name               |   |   |
|                                | es Bankruptcy Court for the:   | NORTHERN DISTRICT             |                         |   |   |
| Officed State                  | es bankruptcy Court for the.   | NORTHERN DISTRICT             | OI ILLINOIS             |   |   |
| Case numb                      | per  |                               |                         |   | ☐ Check if this is an   |
| (ii kilowii)                   |  |                               |                         |   | ☐ Check if this is an amended filing  |
| ~ · · · ·                      | <b>5</b> 40011   |                               |                         |   |   |
|                                | Form 106H  | _                             |                         |   |   |
| <u>Sched</u>                   | ule H: Your Cod  | ebtors                        |                         |   | 12/15   |
|                                | and case number (if known ou have any codebtors? (If                               |                               |                         | as a codebtor.                          |   |
| ■ No<br>□ Yes                  |  |                               |                         |   |   |
| Arizona<br>                    | nin the last 8 years, have you<br>a, California, Idaho, Louisiana<br>Go to line 3. |                               |                         |   | y states and territories include  |
|                                | . Did your spouse, former spo  | use, or legal equivalent live | e with you at the time? |   |   |
| in line<br>Form 1              | 2 again as a codebtor only   | f that person is a guaran     | tor or cosigner. Make   | sure you have listed the                | g with you. List the person shown<br>ne creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                                | Column 1: Your codebtor<br>lame, Number, Street, City, State and Z                 | IP Code                       |                         | Column 2: The cre<br>Check all schedule | editor to whom you owe the debt es that apply:  |
| 3.1                            |  |                               |                         | ☐ Schedule D, lin                       | е   |
|                                | Name   |                               |                         | ☐ Schedule E/F, I                       |   |
|                                |  |                               |                         | ☐ Schedule G, lin                       | e   |
|                                | Number Street<br>City  | State                         | ZIP Code                | _                                       |   |
| 3.2                            |  |                               |                         | ☐ Schedule D, lin                       | e   |
|                                | Name   |                               |                         | ☐ Schedule E/F, I                       |   |
|                                |  |                               |                         | ☐ Schedule G, lin                       | e   |
| <u> </u>                       | Number Street  |                               |                         | _                                       |   |
| C                              | City   | State                         | ZIP Code                |   |   |

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| Fill        | in this information to identify your c  | ase:                       |   |          |       |            |            |                         |                         |          |
|-------------|---|----------------------------|---|----------|-------|------------|------------|-------------------------|-------------------------|----------|
|             | otor 1 Forrest J Fa   |                            |   |          |       |            |            |                         |                         |          |
|             | otor 2 use, if filing)  |                            |   |          | _     |            |            |                         |                         |          |
| Uni         | ted States Bankruptcy Court for the   | : NORTHERN DISTRIC         | CT OF ILLINOIS                                      |          | _     |            |            |                         |                         |          |
|             | se number<br>   |                            | -   |          |       | □ An       |            | ed filing<br>ent showin | g postpetition          |          |
| 0           | fficial Form 106I   |                            |   |          |       | M          | M / DD/ Y  | YYY                     |                         |          |
| S           | chedule I: Your Inc   | ome                        |   |          |       |            |            |                         |                         | 12/15    |
| spo<br>atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  t1: Describe Employment | ır spouse is not filing w  | ith you, do not include                             | infori   | matic | n about    | your spo   | ouse. If mo             | ore space is            | needed,  |
| ٠.          | information.  |                            | Debtor 1  |          |       |            |            |                         | iling spouse            |          |
|             | If you have more than one job, attach a separate page with information about additional   | Employment status          | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |          |       |            | ☐ Emple    | •                       |                         |          |
|             | employers.  | Occupation                 | Mover   |          |       |            |            |                         |                         |          |
|             | Include part-time, seasonal, or self-employed work.   | Employer's name            | 1099 Employee                                       |          |       |            |            |                         |                         |          |
|             | Occupation may include student or homemaker, if it applies.   | Employer's address         |   |          |       |            |            |                         |                         |          |
|             |   | How long employed t        | here? 6 months                                      | 3        |       |            | _          |                         |                         |          |
| Par         | Give Details About Mo   | nthly Income               |   |          |       |            |            |                         |                         |          |
|             | mate monthly income as of the duse unless you are separated.  | ate you file this form. If | you have nothing to rep                             | ort for  | any l | ine, write | \$0 in the | space. Ind              | clude your no           | n-filing |
|             | u or your non-filing spouse have m<br>e space, attach a separate sheet to   |                            | ombine the information f                            | or all e | emplo | yers for t | hat perso  | on on the li            | nes below. If           | you need |
|             |   |                            |   |          |       | For Debi   | tor 1      |                         | btor 2 or<br>ing spouse |          |
| 2.          | List monthly gross wages, sala deductions). If not paid monthly,  |                            |   | 2.       | \$    | ;          | 500.00     | \$                      | N/A                     |          |
| 3.          | Estimate and list monthly over  | time pay.                  |   | 3.       | +\$   |            | 0.00       | +\$                     | N/A                     |          |
| 4           | Calculate gross Income. Add li  | ne 2 + line 3              |   | 4        | \$    | 50         | 0.00       | \$                      | N/A                     |          |

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| Deb | tor 1              | Forrest J Faulkner  | _        | C  | Case number (i | f known) |        |                          |             |           |
|-----|--------------------|---|----------|----|----------------|----------|--------|--------------------------|-------------|-----------|
|     |                    |   |          |    | For Debtor     | 1        | no     | or Debtor<br>on-filing s |             |           |
|     | Cop                | by line 4 here  | 4.       |    | \$5            | 00.00    | \$_    |                          | N/A         | _         |
| 5.  | List               | all payroll deductions:   |          |    |                |          |        |                          |             |           |
|     | 5a.                | Tax, Medicare, and Social Security deductions   | 5a       | ١. | \$             | 0.00     | \$     |                          | N/A         |           |
|     | 5b.                | Mandatory contributions for retirement plans  | 5b       |    | \$             | 0.00     | \$     |                          | N/A         | _         |
|     | 5c.                | Voluntary contributions for retirement plans  | 5c       |    | \$             | 0.00     | \$     |                          | N/A         | _         |
|     | 5d.                | Required repayments of retirement fund loans  | 5d       | ١. | \$             | 0.00     | \$     |                          | N/A         | _         |
|     | 5e.                | Insurance   | 5e       |    | \$             | 0.00     | \$_    |                          | N/A         | _         |
|     | 5f.                | Domestic support obligations  | 5f.      |    | \$             | 0.00     | \$_    |                          | N/A         | _         |
|     | 5g.                | Union dues  | 5g       |    | \$             | 0.00     | \$_    |                          | N/A         | _         |
|     | 5h.                | Other deductions. Specify:  | 5h       |    | \$             | 0.00     | + \$_  |                          | N/A         | -         |
| 6.  |                    | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.       |    | \$             | 0.00     | \$_    |                          | N/A         | _         |
| 7.  |                    | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.       |    | \$5            | 00.00    | \$_    |                          | N/A         | _         |
| 8.  | List<br>8a.        | t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                       |          |    |                |          |        |                          |             |           |
|     |                    | monthly net income.   | 8a       | ١. | \$             | 0.00     | \$     |                          | N/A         |           |
|     | 8b.                | Interest and dividends  | 8b       | ١. | \$             | 0.00     | \$     |                          | N/A         | _         |
|     | 8c.                | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | :<br>8c  |    | \$             | 0.00     | \$     |                          | N/A         |           |
|     | 8d.                |   | 8d       |    | \$             | 0.00     | \$-    |                          | N/A         | _         |
|     | 8e.                | Social Security   | 8e       |    | \$             | 0.00     | \$     |                          | N/A         | _         |
|     | 8f.                | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Food Stamps | e<br>8f. |    | \$ 1           | 90.00    | \$     |                          | N/A         | _         |
|     | 8g.                | Pension or retirement income  | <br>8g   | ١. | \$             | 0.00     | \$     |                          | N/A         | _         |
|     | 8h.                | Other monthly income. Specify: Assistance from Father   | 8h       | .+ | \$ 4           | 00.00    | + \$ _ |                          | N/A         | _         |
| 9.  | Add                | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.       | \$ | 55             | 90.00    | \$_    |                          | N/          | 4         |
| 10. | Cal                | culate monthly income. Add line 7 + line 9.   | 10.      | \$ | 1,090.0        | 0 + \$   |        | N/A                      | = \$        | 1,090.00  |
|     |                    | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |          | Ť- | 1,000.0        |          |        | 14/74                    |             | 1,000.00  |
| 11. | Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify:            | depe     |    |                |          |        | Schedule                 | e J.<br>+\$ | 0.00      |
| 12. |                    | If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certallies  |          |    |                |          |        | e.<br>12.                | \$          | 1,090.00  |
| 13. | Do                 | you expect an increase or decrease within the year after you file this form   | ?        |    |                |          |        |                          |             | ly income |
|     |                    | No.<br>Yes. Explain:  |          |    |                |          |        |                          |             |           |
|     |                    | LEG. LAVIGIU.   |          |    |                |          |        |                          |             |           |

Official Form 106I Schedule I: Your Income page 2

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| <b>-</b> | in this informa                              | tion to identify yo | our caca:      |   |   |   |         |                    |                               |       |  |  |
|----------|--|---------------------|----------------|---|---|---|---------|--------------------|-------------------------------|-------|--|--|
|          |  |                     |                |   |   |   |         |                    |                               |       |  |  |
| Deb      | tor 1  | Forrest J Faulkner  |                |   |   |   |         | Check if this is:  |                               |       |  |  |
| Deb      | tor 2  |                     |                |   |   |   |         | amended filing     | ing postpetition cha          | nter  |  |  |
|          | ouse, if filing)                             |                     |                |   |   | A supplement showing postpetition chapter 13 expenses as of the following date: |         |                    |                               |       |  |  |
| Unite    | ed States Bankr                              | uptcy Court for the | : NORTH        |   | MM / DD / YYYY                          |   |         |                    |                               |       |  |  |
| Cas      | e number                                     |                     |                |   |   |   |         |                    |                               |       |  |  |
| !        | nown)  |                     |                |   |   |   |         |                    |                               |       |  |  |
| Of       | fficial Fo                                   | rm 106J             |                |   |   |   |         |                    |                               |       |  |  |
|          |  | J: Your             | Evnor          | 1808  |   |   |         |                    |                               | 12/15 |  |  |
|          |  |                     |                | ISCS<br>. If two married people ar                          | e filing together, bo                   | th are ed   | rually  | responsible fo     | r supplying correc            |       |  |  |
| info     | ormation. If m                               |                     | eded, atta     | ch another sheet to this                                    |   |   |         |                    |                               |       |  |  |
| Pari     | t 1: Descr                                   | ibe Your House      | hold           |   |   |   |         |                    |                               |       |  |  |
| 1.       | Is this a join                               | nt case?            |                |   |   |   |         |                    |                               |       |  |  |
|          | ■ No. Go to                                  | line 2.             |                |   |   |   |         |                    |                               |       |  |  |
|          | ☐ Yes. <b>Doe</b>                            | s Debtor 2 live     | in a separ     | ate household?  |   |   |         |                    |                               |       |  |  |
|          | □ No   | 0                   |                |   |   |   |         |                    |                               |       |  |  |
|          | ☐ Ye   | es. Debtor 2 mus    | st file Offici | al Form 106J-2, <i>Expenses</i>                             | for Separate Housel                     | hold of De  | ebtor 2 | 2.                 |                               |       |  |  |
| 2.       | Do you have                                  | e dependents?       | ■ No           |   |   |   |         |                    |                               |       |  |  |
|          | Do not list De Debtor 2.                     | ebtor 1 and         | ☐ Yes.         | Fill out this information for each dependent                | Dependent's relation Debtor 1 or Debtor |   |         | Dependent's<br>age | Does dependent live with you? |       |  |  |
|          | Do not state                                 | the                 |                |   |   |   | _       |                    | □ No                          |       |  |  |
|          | dependents                                   | names.              |                |   |   |   |         |                    | ☐ Yes                         |       |  |  |
|          |  |                     |                |   |   |   |         |                    | □ No                          |       |  |  |
|          |  |                     |                |   |   |   |         |                    | ☐ Yes                         |       |  |  |
|          |  |                     |                |   |   |   |         |                    | □ No                          |       |  |  |
|          |  |                     |                |   |   |   |         |                    | ☐ Yes                         |       |  |  |
|          |  |                     |                |   |   |   |         |                    | □ No                          |       |  |  |
| 3.       | Do your eyn                                  | enses include       | _              |   |   |   |         |                    | ☐ Yes                         |       |  |  |
| 0.       |  | f people other t    | han            | No  |   |   |         |                    |                               |       |  |  |
|          | yourself and                                 | d your depende      | nts? ⊔         | Yes   |   |   |         |                    |                               |       |  |  |
| Part     | t 2: Estima                                  | ate Your Ongoi      | na Monthl      | v Expenses  |   |   |         |                    |                               |       |  |  |
| exp      | imate your ex                                | penses as of ye     | our bankrı     | uptcy filing date unless y<br>y is filed. If this is a supp |   |   |         |                    |                               |       |  |  |
| Inal     | luda avnanca                                 | a paid for with     | non ooch       | government assistance it                                    | f vou know                              |   |         |                    |                               |       |  |  |
|          |  |                     |                | cluded it on <i>Schedule I:</i> Y                           |   |   |         |                    |                               |       |  |  |
| (Off     | ficial Form 10                               | 61.)                |                |   |   |   | _       | Your expe          | enses                         |       |  |  |
| 4.       |  |                     |                | ses for your residence. I                                   | nclude first mortgage                   | _   | Φ.      |                    | 500.00                        |       |  |  |
|          | payments and any rent for the ground or lot. |                     |                |   |   | 4.  | \$_     |                    | 300.00                        |       |  |  |
|          | If not includ                                |                     |                |   |   |   |         |                    |                               |       |  |  |
|          |  | estate taxes        |                | 'a inauranaa  |   | 4a.   | · : —   |                    | 0.00                          |       |  |  |
|          | •  | rty, homeowner's    |                | 's insurance<br>ipkeep expenses                             |   | 4b.<br>4c.  | · · ·   |                    | 0.00                          |       |  |  |
|          |  | owner's associat    | •              |   |   | 4d.   | · : —   |                    | 0.00                          |       |  |  |
| 5.       |  |                     |                | our residence, such as ho                                   | me equity loans                         |   | \$ -    |                    | 0.00                          |       |  |  |

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| Deb         | tor 1   | Forrest J Faulkner  | Case num     | ber (if known)    |                            |
|-------------|---------|---|--------------|-------------------|----------------------------|
| 6.          | Utiliti | ies:  |              |                   |                            |
|             | 6a.     | Electricity, heat, natural gas  | 6a.          | \$                | 0.00                       |
|             | 6b.     | Water, sewer, garbage collection  | 6b.          | \$                | 0.00                       |
|             | 6c.     | Telephone, cell phone, Internet, satellite, and cable services  | 6c.          |                   | 90.00                      |
|             | 6d.     | Other. Specify:   | 6d.          | ·                 | 0.00                       |
| 7.          |         | d and housekeeping supplies   | 7.           | ·                 | 190.00                     |
| 8.          |         | dcare and children's education costs  | 8.           | · -               | 0.00                       |
| 9.          |         | ning, laundry, and dry cleaning   | 9.           | ·                 | 30.00                      |
|             |         |   |              | ·                 |                            |
|             |         | onal care products and services   | 10.          | · -               | 25.00                      |
|             |         | cal and dental expenses   | 11.          | <b>D</b>          | 0.00                       |
| 12.         |         | sportation. Include gas, maintenance, bus or train fare.  | 12.          | \$                | 100.00                     |
| 12          |         | ot include car payments.  | 13.          | ·                 |                            |
|             |         | rtainment, clubs, recreation, newspapers, magazines, and books  |              | ·                 | 10.00                      |
| 14.         |         | itable contributions and religious donations  | 14.          | <b>a</b>          | 0.00                       |
| 15.         |         | rance.  |              |                   |                            |
|             |         | ot include insurance deducted from your pay or included in lines 4 or 20.  Life insurance   | 15a.         | ¢                 | 0.00                       |
|             |         |   | 15a.<br>15b. |                   | 0.00                       |
|             |         | Health insurance  |              | ·                 | 0.00                       |
|             |         | Vehicle insurance   | 15c.         | · ·               | 0.00                       |
|             |         | Other insurance. Specify:   | 15d.         | \$                | 0.00                       |
| 16.         |         | s. Do not include taxes deducted from your pay or included in lines 4 or 20.  | 4.0          | •                 | 0.4.00                     |
|             |         | Taxes on 1099 income  | 16.          | \$                | 24.00                      |
| 17.         |         | illment or lease payments:  | 4-           | •                 |                            |
|             |         | Car payments for Vehicle 1  | 17a.         | ·                 | 0.00                       |
|             |         | Car payments for Vehicle 2  | 17b.         | · -               | 0.00                       |
|             |         | Other. Specify:   | 17c.         | ·                 | 0.00                       |
|             |         | Other. Specify:   | 17d.         | \$                | 0.00                       |
| 18.         |         | payments of alimony, maintenance, and support that you did not report as  |              | Φ.                | 0.00                       |
|             |         | icted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18.          |                   |                            |
| 19.         |         | r payments you make to support others who do not live with you.   |              | \$                | 0.00                       |
|             | Spec    | •   | 19.          | _                 |                            |
| 20.         |         | r real property expenses not included in lines 4 or 5 of this form or on School   |              |                   |                            |
|             |         | Mortgages on other property   | 20a.         |                   | 0.00                       |
|             |         | Real estate taxes   | 20b.         | ·                 | 0.00                       |
|             |         | Property, homeowner's, or renter's insurance  | 20c.         |                   | 0.00                       |
|             | 20d.    | Maintenance, repair, and upkeep expenses  | 20d.         | \$                | 0.00                       |
|             | 20e.    | Homeowner's association or condominium dues   | 20e.         | \$                | 0.00                       |
| 21.         | Othe    | r: Specify:   | 21.          | +\$               | 0.00                       |
| 00          |         |   |              |                   |                            |
| 22.         |         | ulate your monthly expenses   |              |                   |                            |
|             |         | Add lines 4 through 21.   |              | \$                | 969.00                     |
|             | 22b. (  | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |              | \$                |                            |
|             | 22c. /  | Add line 22a and 22b. The result is your monthly expenses.  |              | \$                | 969.00                     |
| 00          | 0-1     | olete commence of the continuous  |              |                   |                            |
| 23.         |         | ulate your monthly net income.  | 00-          | Φ.                | 4 000 00                   |
|             |         | Copy line 12 (your combined monthly income) from Schedule I.  | 23a.         |                   | 1,090.00                   |
|             | 23b.    | Copy your monthly expenses from line 22c above.   | 23b.         | -\$               | 969.00                     |
|             | 0.0     |   |              |                   |                            |
|             | 23c.    | Subtract your monthly expenses from your monthly income.  | 23c.         | \$                | 121.00                     |
|             |         | The result is your monthly net income.  | 230.         |                   | .21.00                     |
| 24          | De v    | ou expect an increase or decrease in your expenses within the year offer w  | ou filo 4hio | form?             |                            |
| <b>∠4</b> . |         | ou expect an increase or decrease in your expenses within the year after you<br>xample, do you expect to finish paying for your car loan within the year or do you expect you |              |                   | e or decrease because of a |
|             |         | ication to the terms of your mortgage?  | mortgage     | paymont to moreas | c c. decrease because or a |
|             | ■ No    | , , , ,   |              |                   |                            |
|             |         |   |              |                   |                            |
|             | ☐ Ye    | es   EXDIGITITETE.  |              |                   |                            |

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| Fill in this info   | rmation to identify your          | case:                       |                          |                        |                                      |
|---------------------|-----------------------------------|-----------------------------|--------------------------|------------------------|--------------------------------------|
| Debtor 1            | Forrest J Faulkne                 |                             |                          |                        |                                      |
|                     | First Name                        | Middle Name                 | Last Name                |                        |                                      |
| Debtor 2            |                                   |                             |                          |                        |                                      |
| (Spouse if, filing) | First Name                        | Middle Name                 | Last Name                |                        |                                      |
| United States B     | ankruptcy Court for the:          | NORTHERN DISTRICT           | OF ILLINOIS              |                        |                                      |
| Case number         |                                   |                             |                          |                        |                                      |
| (if known)          |                                   |                             |                          |                        | ☐ Check if this is an                |
|                     |                                   |                             |                          |                        | amended filing                       |
|                     |                                   |                             |                          |                        |                                      |
| o =                 | 1005                              |                             |                          |                        |                                      |
| Official For        |                                   |                             | _                        |                        |                                      |
| <b>Declara</b>      | tion About a                      | an Individual               | <b>Debtor's So</b>       | chedules               | 12/15                                |
|                     |                                   |                             |                          |                        |                                      |
| If two married p    | people are filing togethe         | r, both are equally respon  | sible for supplying co   | rrect information.     |                                      |
| You must file th    | nis form whenever you f           | ile bankruptcy schedules    | or amended schedule:     | s. Making a false stat | tement, concealing property, or      |
|                     |                                   |                             |                          |                        | 00, or imprisonment for up to 20     |
| years, or both.     | 18 U.S.C. §§ 152, 1341, 1         | l519, and 3571.             |                          |                        |                                      |
|                     |                                   |                             |                          |                        |                                      |
| Sic                 | gn Below                          |                             |                          |                        |                                      |
| Olg                 |                                   |                             |                          |                        |                                      |
| Did you n           | ay or agree to hay some           | eone who is NOT an attorn   | nev to help you fill out | hankruntey forms?      |                                      |
| Dia you pi          | ay or agree to pay some           | one who is ito i an allon   | icy to help you illi out | bankruptcy forms:      |                                      |
| ■ No                |                                   |                             |                          |                        |                                      |
| □ Yes.              | Name of person                    |                             |                          | Δttach Rar             | nkruptcy Petition Preparer's Notice, |
| ☐ 1es.              |                                   |                             |                          |                        | n, and Signature (Official Form 119) |
|                     |                                   |                             |                          |                        | ,                                    |
| Under nen           | alty of porium. I doclaro         | that I have read the sumr   | mary and echodulae fil   | od with this doclarati | ion and                              |
|                     | re true and correct.              | that I have read the Suilli | nary and schedules in    | eu with this deciarati | on and                               |
| •                   |                                   |                             | v                        |                        |                                      |
|                     | rrest J Faulkner<br>st J Faulkner |                             | X<br>Signature o         | f Debtor 2             |                                      |
|                     | ure of Debtor 1                   |                             | Signature o              | DEDIUI Z               |                                      |

Date

Date November 22, 2016

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| Fill               | in this inforn  | nation to identify you                     | r case:                             |   |                                     |                                      |  |  |  |  |
|--------------------|---|--|-------------------------------------|---|-------------------------------------|--------------------------------------|--|--|--|--|
| Deb                | otor 1  | Forrest J Faulkn                           | er                                  |   |                                     |                                      |  |  |  |  |
|                    |   | First Name                                 | Middle Name                         | Last Name   |                                     |                                      |  |  |  |  |
|                    | otor 2<br>use if, filing)   | First Name                                 | Middle Name                         | Last Name   |                                     |                                      |  |  |  |  |
| Uni                | ted States Bar  | nkruptcy Court for the:                    | NORTHERN DISTRICT                   | OF ILLINOIS   |                                     |                                      |  |  |  |  |
| Cas                | se number   |  |                                     |   |                                     |                                      |  |  |  |  |
|                    | own)  |  |                                     |   |                                     | Check if this is an<br>mended filing |  |  |  |  |
| <b>○</b> f         | ficial Fo   | rm 107                                     |                                     |   |                                     |                                      |  |  |  |  |
|                    | ficial For<br>atement   |  | Affairs for Indivi                  | duals Filing for B  | ankruptcy                           | 4/10                                 |  |  |  |  |
|                    |   |  |                                     |   | equally responsible for sup         |                                      |  |  |  |  |
| num                | ber (if knowr   | n). Answer every que                       | stion.                              |   |                                     |                                      |  |  |  |  |
| Par                | t 1: Give D   | etails About Your Ma                       | arital Status and Where Yoບ         | Lived Before  |                                     |                                      |  |  |  |  |
| 1.                 | What is your  | nat is your current marital status?        |                                     |   |                                     |                                      |  |  |  |  |
|                    | <ul><li>☐ Married</li><li>■ Not mar</li></ul>                                   | ried                                       |                                     |   |                                     |                                      |  |  |  |  |
| 2.                 | During the la   | est 3 years, have you                      | lived anywhere other than           | where you live now?   |                                     |                                      |  |  |  |  |
|                    | During the last 3 years, have you lived anywhere other than where you live now? |  |                                     |   |                                     |                                      |  |  |  |  |
|                    | ■ No □ Yes. Lis   | t all of the places you I                  | ı.                                  |   |                                     |                                      |  |  |  |  |
|                    | Debtor 1 Pr   | ior Address:                               | Dates Debtor 1 lived there          | Debtor 2 Prior Ad   | dress:                              | Dates Debtor 2<br>lived there        |  |  |  |  |
| <b>3.</b><br>state |   |  |                                     |   | ity property state or territory     |                                      |  |  |  |  |
|                    | ■ No  |  |                                     |   |                                     |                                      |  |  |  |  |
|                    | _   | ke sure you fill out Scl                   | nedule H: Your Codebtors (O         | fficial Form 106H).   |                                     |                                      |  |  |  |  |
| Par                | t 2 Explai  | n the Sources of You                       | r Income                            |   |                                     |                                      |  |  |  |  |
| 4.                 | Fill in the tota  | I amount of income yo                      | u received from all jobs and a      | ng a business during this yeall businesses, including parter together, list it only once ur |                                     | ndar years?                          |  |  |  |  |
|                    | □ No  |  |                                     |   |                                     |                                      |  |  |  |  |
|                    | Yes. Fill   | in the details.                            |                                     |   |                                     |                                      |  |  |  |  |
|                    |   |  | Debtor 1                            |   | Debtor 2                            |                                      |  |  |  |  |
|                    |   |  | Sources of income                   | Gross income  | Sources of income                   | Gross income                         |  |  |  |  |
|                    |   |  | Check all that apply.               | (before deductions and exclusions)  | Check all that apply.               | (before deductions and exclusions)   |  |  |  |  |
|                    |   | of current year until<br>d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$3,000.00  | ☐ Wages, commissions, bonuses, tips |                                      |  |  |  |  |
|                    |   |  | ☐ Operating a business              |   | ☐ Operating a business              |                                      |  |  |  |  |

Official Form 107

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|    |                                |                                      |  | Debtor 1   |   | Debtor 2  |                         |  |
|----|--------------------------------|--------------------------------------|--|--|---|---|-------------------------|--|
|    |                                |                                      |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)                     | Sources of incom<br>Check all that apply        | y. (                    | Gross income<br>before deductions<br>and exclusions) |
|    | r last caler<br>anuary 1 to    | ndar year:<br>December               | 31, 2015 )   | ■ Wages, commissions, bonuses, tips  | \$9,302.00  | ☐ Wages, commis bonuses, tips                   | sions,                  |  |
|    |                                |                                      |  | ☐ Operating a business   |   | ☐ Operating a bus                               | siness                  |  |
|    |                                | dar year be<br>December              |  | ■ Wages, commissions, bonuses, tips  | \$20,991.00   | ☐ Wages, commis<br>bonuses, tips                | sions,                  |  |
|    |                                |                                      |  | ☐ Operating a business   |   | ☐ Operating a bus                               | iness                   |  |
|    | and other winnings.  List each | public bene<br>If you are fil        | fit payments;<br>ing a joint cas<br>the gross inco | er that income is taxable. Expensions; rental income; intere and you have income that you have from each source separa | rest; dividends; money collec<br>you received together, list it c         | ted from lawsuits; roy<br>only once under Debto | alties; and ga<br>or 1. | ambling and lottery                                  |
|    |                                |                                      |  | Debtor 1   |   | Debtor 2  |                         |  |
|    |                                |                                      |  | Sources of income<br>Describe below.   | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of incom<br>Describe below.             | (                       | Gross income<br>before deductions<br>and exclusions) |
| Pa | rt 3: Lis                      | t Certain Pa                         | yments You   | Made Before You Filed for  | Bankruptcy  |   |                         |  |
| 6. | Are eithe                      | r Debtor 1's                         | or Debtor 2  | s debts primarily consume  | r debts?  |   |                         |  |
|    | □ No.                          |                                      |  | ebtor 2 has primarily consupersonal, family, or househo  |   | s are defined in 11 U.S                         | S.C. § 101(8)           | ) as "incurred by an                                 |
|    |                                |                                      | 90 days befo                                       | re you filed for bankruptcy, di  | d you pay any creditor a tota   | I of \$6,425* or more?                          |                         |  |
|    |                                | □ <sub>No.</sub><br>□ <sub>Yes</sub> | Go to line 7                                       |  | :d = total =  |   |                         | tatal amazonat                                       |
|    |                                |                                      | paid that cre<br>not include                       | each creditor to whom you pai<br>editor. Do not include paymer<br>payments to an attorney for t                        | nts for domestic support oblights bankruptcy case.                        | ations, such as child                           | support and             |  |
|    |                                | * Subject                            | to adjustment                                      | on 4/01/19 and every 3 year  | s after that for cases filed on   | or after the date of ac                         | ljustment.              |  |
|    | Yes.                           |                                      |  | r both have primarily consure you filed for bankruptcy, di   |   | I of \$600 or more?                             |                         |  |
|    |                                | ■ No.                                | Go to line 7                                       |  |   |   |                         |  |
|    |                                | □ Yes                                | include pay  | each creditor to whom you pai<br>ments for domestic support o<br>this bankruptcy case.                                 |   |   |                         |  |
|    | Creditor                       | 's Name an                           | d Address  | Dates of payme   | ent Total amount  | Amount you W                                    | Vas this pay            | ment for   |

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Case number (if known) Document Debtor 1 Forrest J Faulkner

| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.  No |                                       |                      |                      |                            |                              |  |  |
|-----|--|---------------------------------------|----------------------|----------------------|----------------------------|------------------------------|--|--|
|     | Yes. List all payments to an insider.  |                                       |                      |                      |                            |                              |  |  |
|     | Insider's Name and Address   | Dates of payment                      | Total amount paid    | Amount you still owe | Reason for                 | this payment                 |  |  |
| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos  No   |                                       | ments or transfer a  | any property on a    | ccount of a d              | ebt that benefited an        |  |  |
|     | ☐ Yes. List all payments to an insider   |                                       |                      |                      |                            |                              |  |  |
|     | Insider's Name and Address   | Dates of payment                      | Total amount paid    | Amount you still owe | Reason for Include cred    | this payment<br>litor's name |  |  |
| Pai | t 4: Identify Legal Actions, Repossession  | ns, and Foreclosures                  |                      |                      |                            |                              |  |  |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.   |                                       |                      |                      |                            |                              |  |  |
|     | Case title Case number   | Nature of the case                    | Court or agency      |                      | Status of th               | ne case                      |  |  |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  |                                       | erty repossessed, t  | foreclosed, garnis   | hed, attached              | d, seized, or levied?        |  |  |
|     | Creditor Name and Address  | Describe the Property                 |                      | Date                 |                            | Value of the                 |  |  |
|     |  | Explain what happened                 |                      |                      | property                   |                              |  |  |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.   |                                       |                      |                      |                            |                              |  |  |
|     | Creditor Name and Address  | Describe the action the creditor took |                      |                      | Date action was Amou taken |                              |  |  |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?  No Yes   |                                       |                      |                      |                            |                              |  |  |
| Pai | t 5: List Certain Gifts and Contributions  |                                       |                      |                      |                            |                              |  |  |
| 13. | Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift.  | otcy, did you give any gifts          | s with a total value | of more than \$60    | 0 per person               | ?                            |  |  |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts                    |                      | Dates<br>the g       | s you gave<br>ifts         | Value                        |  |  |
|     | Person to Whom You Gave the Gift and Address:  |                                       |                      |                      |                            |                              |  |  |

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Yes. Fill in the details.

Person Who Received Transfer Description and value of **Address** property transferred Person's relationship to you

Describe any property or payments received or debts paid in exchange

Date transfer was made

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| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details. |  |                   |                  |  |   |
|-----|---|--|-------------------|------------------|--|---|
|     | Name of trust   | Description and v  | value of the prop | perty transferre | ed .   | Date Transfer was made                        |
| Par | List of Certain Financial Accounts, Ir  | nstruments, Safe Deposi  | t Boxes, and Sto  | orage Units      |  |   |
| 20. | Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso No  Yes. Fill in the details.   | or other financial accou   | nts; certificates | of deposit; sha  |  |   |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number  | Type of accou     | clo:<br>mo       | e account was<br>sed, sold,<br>ved, or<br>nsferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 cash, or other valuables?  No Yes. Fill in the details.   |  |                   |                  | ·  |   |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                   | Describe the o   | ontents:   | Do you still have it?                         |
| 22. | Have you stored property in a storage unit  ■ No □ Yes. Fill in the details.  | or place other than your   | r home within 1   | year before yo   | u filed for bankruptcy                             | 1?  |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)  | Who else has or I<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                   | Describe the o   | ontents:   | Do you still have it?                         |
| Par | Part 9: Identify Property You Hold or Control for Someone Else  |  |                   |                  |  |   |
| 23. | Do you hold or control any property that so for someone.  No Yes. Fill in the details.  | omeone else owns? Incl   | ude any propert   | y you borrowe    | d from, are storing fo                             | r, or hold in trust                           |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the prop<br>(Number, Street, City, S<br>Code)                   |                   | Describe the p   | property   | Value   |
| Par | Part 10: Give Details About Environmental Information   |  |                   |                  |  |   |
| For | he purpose of Part 10, the following definit  | tions apply:   |                   |                  |  |   |

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you have a liable or potentially liable under or in violation of an environmental unit notified you have a liable or potentially liable under or in violation of an environmental unit notified you have a liable or potentially liable under or in violation of an environmental unit notified you have a liable or potentially liable under or in violation of an environmental unit notified you have a liable or potentially liable under or in violation or an environmental unit notified you have a liable or potentially liable under or in violation or an environmental unit notified you have a liable or potentially liable under or in violation or an environmental unit notified you have a liable or potentially liable under or in violation or in violati |  |  |  | ental law?         |  |  |
|--|--|--|--|--------------------|--|--|
|  | Yes. Fill in the details.  |  |  |                    |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)                       | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                      | Date of notice     |  |  |
| 25. Have you notified any governmental unit of any release of hazardous material?  |  |  |  |                    |  |  |
|  | ■ No □ Yes. Fill in the details.   |  |  |                    |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)                       | Governmental unit Address (Number, Street, City, State and ZIP Code)       | Environmental law, if you know it                      | Date of notice     |  |  |
| 26.  | Have you been a party in any judicial or admi  | inistrative proceeding under any envi                                      | ronmental law? Include settlements                     | and orders.        |  |  |
|  | ■ No<br>□ Yes. Fill in the details.  |  |  |                    |  |  |
|  | Case Title<br>Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                                     | Status of the case |  |  |
| Par  | 11: Give Details About Your Business or C  | connections to Any Business  |  |                    |  |  |
| 27.  | Within 4 years before you filed for bankruptc  | y, did you own a business or have an                                       | y of the following connections to any                  | / business?        |  |  |
|  | ☐ A sole proprietor or self-employed in  | a trade, profession, or other activity,                                    | either full-time or part-time                          |                    |  |  |
|  | ☐ A member of a limited liability compa  | ny (LLC) or limited liability partnershi                                   | ip (LLP)   |                    |  |  |
|  | ☐ A partner in a partnership   |  |  |                    |  |  |
|  | ☐ An officer, director, or managing exe  | cutive of a corporation  |  |                    |  |  |
|  | ☐ An owner of at least 5% of the voting  | or equity securities of a corporation                                      |  |                    |  |  |
|  | No. None of the above applies. Go to Part 12.  |  |  |                    |  |  |
|  | Yes. Check all that apply above and fill in the details below for each business.         |  |  |                    |  |  |
|  | Business Name  | Describe the nature of the business  | Employer Identification numbe                          |                    |  |  |
|  | Address<br>(Number, Street, City, State and ZIP Code)                                    | Name of accountant or bookkeeper   | Do not include Social Security  Dates business existed | number or IIIN.    |  |  |
| 28.  | Within 2 years before you filed for bankruptc institutions, creditors, or other parties. | y, did you give a financial statement t                                    | o anyone about your business? Incl                     | ude all financial  |  |  |
|  | ■ No<br>□ Yes. Fill in the details below.  |  |  |                    |  |  |
|  | Name<br>Address<br>(Number, Street, City, State and ZIP Code)                            | Date Issued  |  |                    |  |  |
|  |  |  |  |                    |  |  |

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| I have<br>are tru<br>with a | ie and correct. I understand that makir                  | f Financial Affairs and any attachments, and I decing a false statement, concealing property, or obtain to \$250,000, or imprisonment for up to 20 years, | ining money or property by fraud in connection |
|-----------------------------|--|---|--|
| Forre                       | orrest J Faulkner<br>est J Faulkner<br>ature of Debtor 1 | Signature of Debtor 2   |  |
| Date                        | November 22, 2016  | Date  |  |
| Did yo<br>■ No<br>□ Yes     | . •  | tement of Financial Affairs for Individuals Filing fo   | or Bankruptcy (Official Form 107)?             |
| Did yo                      | u pay or agree to pay someone who is                     | s not an attorney to help you fill out bankruptcy fo  | rms?   |

Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

connection

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$185.00 toward the flat fee, leaving a balance due of \$3,815.00; and \$349.00 for expenses, leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: \_\_November 22, 2016

1

Ross H. Briggs MBE #31633 #2709

Attorney for the Debtor(s)

Debtor(s)

Do not sign this agreement if the amounts are blank.

Local Bankruptcy Form 23c

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B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re  | Forrest J Faulkner   |   | Case No.   |                                     |  |
|--------|--|---|--|-------------------------------------|--|
|        |  | Debtor(s)   | Chapter  | 13                                  |  |
|        | DISCLOSURE OF COMP   | ENSATION OF ATTOR   | RNEY FOR DE  | CBTOR(S)                            |  |
| C      | tursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the figure rendered on behalf of the debtor(s) in contemplation  | iling of the petition in bankruptcy,  | or agreed to be paid   | to me, for services rendered or to  |  |
|        | For legal services, I have agreed to accept  |   | \$   | 4,000.00                            |  |
|        | Prior to the filing of this statement I have received  |   |  | 185.00                              |  |
|        | Balance Due  |   | \$   | 3,815.00                            |  |
| 2. T   | The source of the compensation paid to me was:   |   |  |                                     |  |
|        | ■ Debtor □ Other (specify):  |   |  |                                     |  |
| 3. T   | The source of compensation to be paid to me is:  |   |  |                                     |  |
|        | ■ Debtor □ Other (specify):  |   |  |                                     |  |
| 4. ■   | I have not agreed to share the above-disclosed con   | mpensation with any other person u  | unless they are memb   | pers and associates of my law firm. |  |
| [      | ☐ I have agreed to share the above-disclosed compe copy of the agreement, together with a list of the  |   |  |                                     |  |
| 5. I   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |   |  |                                     |  |
| b<br>c | <ul> <li>Analysis of the debtor's financial situation, and ref.</li> <li>Preparation and filing of any petition, schedules, s.</li> <li>Representation of the debtor at the meeting of cred.</li> <li>[Other provisions as needed]</li> <li>All legal services required pursuant to</li> </ul> | tatement of affairs and plan which litors and confirmation hearing, an  | may be required;<br>d any adjourned hea                        |                                     |  |
| 6. B   | by agreement with the debtor(s), the above-disclosed   | fee does not include the following  | service:   |                                     |  |
|        |  | CERTIFICATION   |  |                                     |  |
|        | certify that the foregoing is a complete statement of ankruptcy proceeding.  | any agreement or arrangement for  | payment to me for re   | epresentation of the debtor(s) in   |  |
| No     | ovember 22, 2016   | /s/ Ross H. Briggs  |  |                                     |  |
| Da     | ute  | Ross H. Briggs M Signature of Attorney Ross H Briggs, At 1525 East 53rd St Chicago, IL 60615 773-220-7007 Fax r-briggs@sbcglob Name of law firm | y<br>itorney At Law<br>reet, suite 423<br>;<br>x: 773-353-1664 |                                     |  |

### **United States Bankruptcy Court** Northern District of Illinois

| In re | Forrest J Faulkner                         |   | Case No.        |                           |
|-------|--|---|-----------------|---------------------------|
|       |  | Debtor(s)   | Chapter         | 13                        |
|       | VE   | RIFICATION OF CREDITOR M                                      | ATRIX           |                           |
|       |  | Number of   | Creditors:      | 22                        |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditor                     | ors is true and | correct to the best of my |
| Date: | November 22, 2016                          | /s/ Forrest J Faulkner Forrest J Faulkner Signature of Debtor |                 |                           |

Aargon Agency 8668 Spring Mountain Rd Las Vegas, NV 89117

Aaron's Furniture 122 S. Bolingbrook Rd. Bolingbrook, IL 60440

Certgery PO Box 30046 Tampa, FL 33630

Chase Bank 1200 N. Dearborn Chicago, IL 60610

Chex System
7805 Hudson Rd. Ste 100
Saint Paul, MN 55125

City of Chicago Department of Finance P.O. Box 88292 Chicago, IL 60680-1292

Comcast PO Box 3005 Bankruptcy/Legal Department Southeastern, PA 19398

ComEd 3 Lincoln Center Attn: Bcky Group Claims Dept Villa Park, IL 60181

Darnel Quick Recovery 4134 Highway 278 Ne P O Box 2416 Covington, GA 30014

Global Receivables Sol 2703 N Highway 75 Sherman, TX 75090

Il Dept Of Healthcare 509 S 6th St Springfield, IL 62701

Laryn Frye c/o Illinois Child Support 509 S 6th Street Springfield, IL 62701

Latoya Holden c/o Illinois Child Support 509 S 6th Street Springfield, IL 62701

MCSI -Municipal Collection Services, Inc 7330 College Dr Suite 108 Palo Heights, IL 60463

North American Credit Services Po Box 182221 Chattanooga, TN 37422

Peoples Gas 200 E Randolph St 20th Floor Chicago, IL 60601

PLS Financial Services One South Wacker 36th Floor Chicago, IL 60606

Sprint PO Box 660075 Dallas, TX 75266

Stellar Recovery Inc Attn: Bankruptcy 4500 Salisbury Road Ste 105 Jackonville, FL 32216

T-Mobile PO Box 3780 Albuquerque, NM 87176 Telecheck 5251 Westheimer Houston, TX 77056

Union Auto 8700 S. Chicago Av Chicago, IL 60617